PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effec	tive Octo	ber 1, 20 04			IU	JI	130	c ell	
		CLAIMS A	S FILED	- PART I		SMALL	ENTITY		OTUC	2 TUAN	
	TAL CLAW40		(Column 1) (Column 2)			TYPE		OF	OTHER THAN OF SMALL ENTITY		
TOTAL CLAIMS			CANC	elled		RATI	E FEE		RATE	FEE	
FOR			NUMBER FILED NUMBER EXTRA		BASIC	EE	OR	BASIC FEE	950		
TOTAL CHARGEABLE CLAIMS			minus 20=			XS 9	=	OR		1	
INDEPENDENT CLAIMS			minus 3 = *			ХΨ	}	OR			
MULTIPLE DEPENDENT CLAIM PI			RESENT			 		7		 	
* If the difference in column 1 is			less than a	zero, enter "0" in	column 2	* 15		7	+300	000	
	C	L AIMS AS A	MENDED - PART II			IUIA	L	JOR		950	
(Column 1)			(Column 2) (Column 3)			SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	· <i>3</i> 8	Minus	- 20	= 18	XS 9=		OR	XS18=	324	
AME	Independent	1.2	Minus	<u> </u>	= 0	хц	1	OR	X 88		
	FIRST PRESE	ENTATION OF MO	JETIPLE DE	PENDENT CLAIM				1			
						+ 150		OR	+300		
						ADDIT. FE		OR	TOTAL ADDIT. FEE	324	
		(Column 1) CLAIMS	·	(Column 2) HIGHEST	(Column 3)	r		7 (
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus 👊	**	=			OR	:		
ME	Independent	*	Minus	drank	=						
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT CLAIM			-	OR			
						·		OR.			
					•	. TOTA ADDIT. FE	E	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3).				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	= .			<u></u>		- PEL	
	Independent	•	Minus	***	=	<u> </u>		OR			
4 ∫	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR			
								OR		·]	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 						TOTAL ADDIT. FEE		OR ;	TOTAL ODIT, FEE		
-3-1	i ine "Highest Nur	mber Previously Pai ber Previously Paid	id For IN TH	IS SPACE is lose that	n 3 enter "3"						